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## Original Department.

### Lecture.

### THE CEREBRAL POWER IN MAN.

The last Toner Lecture was delivered by Dr. Brown Sequard, at Washington, April 22.

He commenced by saying that his views, he hoped, being somewhat novel, would command attention. The facts he would dwell upon were new, probably would not be generally accepted, and perhaps would not be easily understood by those not familiar with medicine.

Have we two brains? and, if so, why not educate both? The views of science upon this subject were different from his. The left side of the body was the side affording volition to the brain, and, *vice versa*, the right side of the brain afforded volition to the body. Eminent authorities had declared that either side of the brain was competent for this purpose.

But we use only one side, and, therefore, leave out of account one-half of brain matter. We owe due education to both sides of the brain, or, rather, to the two brains.

As to intelligence, the eminent authorities he had cited established the fact that either side of the brain was competent for full development of the faculties. There were many persons of two minds, because they were never able to make up their minds. Some men claimed to be rational while they were insane. There were many cases that show clearly that there were two brains. He had known a boy in London that manifestly had two brains, whose peculiarities he described. He would fall into a comatose state, and suddenly open his eyes brightly, inquiring of his mother why he was not introduced to the gentleman who was present while he was asleep. Again, the lecturer saw him when the boy recognized him. He had two mental lives. He knew nothing of what occurred in his sleeping condition, when fully awake; and when in the latter condition he knew what had occurred when in the former. The lecturer had seen three cases of this kind.

As regards faculty of speech, the fact that we had two brains was not so easily proved. The loss of the faculty of expression depends upon disease of the left side of the brain; and this proves that the right side is distinct.

As regards sight, a theory has been put forth by a celebrated physician of London, that the right side of the base of the brain is the centre of sight. The inner half of the right eye and the outer half of the left eye have the base of the brain as the centre. A disease in the left side of the brain, where the optic nerve touches, would therefore affect only one-half of the brain. Notable cases were given in which parties had seen but one-half of certain objects that they gazed upon. If the disease exists only in the left side of the base of the brain, only one-half of the eye will be affected. So there are many cases that go to sustain the philosophers. But we do not accept conclusions unless theory is thoroughly supported.

There were three series of facts, but one would be enough to show that the theory should be rejected. Disease of the brain, where the optic nerve touches, would not be sufficient to cause loss of sight. One side of the brain would be sufficient to sustain sight. An alteration in any portion of the nervous system, acting upon other parts, can produce disease in that part. Injury

to the spinal cord would produce loss of sight on either side. There was nothing more common than the loss of sight temporarily in children who suffered from worms in the stomach. Any injury in one-half of the brain can exist without producing loss of sight. Either half of the brain may, therefore, serve to sustain sight.

As to the voluntary movements, these depended upon the action of the body. Yet there were many small muscles which were not affected in cases of paralysis. There were cases on record in which it was shown that the lower lobe of the brain could be destroyed without affecting these voluntary movements. There were several such cases. We must, therefore, look on one-half of the brain as being sufficient to sustain voluntary movements on both sides of the body. An irritation in any part of the brain may affect any part of the body, and an irritation in any part of the body can produce paralysis in another part. The irritation could also act upon remote parts. This shows that the power of will does not control the entire action of the body. When paralysis occurs it depends upon irritation.

The same reasoning applies to sensation. There were thousands of cases affecting the brain that did not affect the feeling. Passing these facts in review we find vast differences owing to the fact that one-half of the brain was developed for certain things and the other half for other things. To the left side of the brain belonged the faculty of expressing ourselves by speech. Articulation depended in great measure upon the left side of the brain. Difficulties in the mechanical point of speech were more frequently found when the left side of the brain was diseased. It was the mental part that was lost, and not the mere mechanical action. The left side of the brain was also the motive power of gesture. When the left side was diseased, patients lost the power of gesticulation.

As regards writing, it was lost more frequently in diseases of the left side of the brain. The right arm was paralyzed by diseases of this side. Many thus diseased could not write from memory, although they could use their fingers and copy. In those cases it sometimes occurs that persons could not write at all.

Intelligence depends more upon the healthfulness of the left side than of the right side of the brain. The right side of the brain in some cases has the power of the left, if properly developed. This serves to hysterical developments and to nutrition of the body. One, the left, applies to mental; the other, to the natural life.

The right side of the brain operates upon the limbs in cases of paralysis and other diseases; also upon disturbances in the lungs, liver, and other parts. Hysterical and emotional symptoms are more common in cases of disease of the right side of the brain; out of 120 cases of paralysis that came under the lecturer's observation there were 96 caused by disease of the right side. An alteration of the retina of the eye will come more frequently from diseases of this side of the brain. Out of 69 cases of convulsions of the eye, 47 were due to disease of the right side. Death occurs much more frequently by disease of the right side of the brain, and in cases where patients do not die it will produce more extensive and enduring paralysis.

All this shows, not that the two sides of the brain differed originally, but that there were different developments of each. The left side of the brain was much larger than the right side. If a person went frequently to the same hatter, he would find that his hat had from time to time to be enlarged. There was no question that the brain grew. By studying a particular subject the person became more proficient, and the brain was more fully developed.

There was no doubt that the left side of the brain predominated in our system. Our being right-handed showed it. There was no population in the world that was not right-handed. The right hand of the body was mostly used. Left-handed individuals used the right side of the brain, showing the connection between these things.

There was primitively a difference between the two brains. In children convulsions were sooner developed in the left than in the right side of the brain. This was attributable to excess of blood in the left side. Parrots roosted on the right legs, and their talking power came from the left side of the head.

There were four vital points to be considered. The first was that asphyxia was connected with the left side of the brain in persons that were right-handed, and with the right side in those that were left-handed. The second point was that children who were first learning to talk, if disease came in the left side of the brain, learned to talk just as well with the right side of the brain. Though losing half of the brain, they got along just as well.

This proved that the right side could be edu-

cated, with the left hand for execution. The third point was, that four out of every hundred left-handed persons learned to write with the left hand; therefore the left side of the brain, even with persons left-handed, could be educated better than the right side. The fourth point was that the leg was rarely so much affected by paralysis as the arm. He, however, would pass over this argument, as it could only be understood by medical men.

If the lecturer had established that we had two brains, then they should be developed. If we could develop the legs and the arms of both sides we could develop both sides of the brain. If we gave as much attention to the left side of the body as we do to the right side, we would fully develop our two brains. The important point, therefore, would be to make children use both sides of the body—alternately using the right and left arm and the right and left leg equally. There would be no difficulty in thus training children to full development.

Even adults who had lost speech by disease of the left side of the brain could regain the power by cultivating the right side. In gesture, persons who had lost the use of the right arm could be trained to use the left. If children were thus trained, we would have a sturdier and healthier race, both mentally and physically.

## COMMUNICATIONS.

### THE PATHOLOGY OF CLUB-FOOT AND ITS TREATMENT BY ELECTRO-MASSAGE.

Read before the Baltimore Medical Association, January, 1874.

BY J. J. CALDWELL, M. D.

The learned Professor Crosby, before a late meeting of the Pathological Society of New York, said, "It is the theory of the orthopædists that the atrophy, diminished temperature, and cyanotic appearance are due to the bending of the vascular channels out of their natural position, by which both the ingress and the egress of the blood is much diminished and retarded. If, in a case of congenital talipes, the foot is immediately carried into a normal position and retained there, the bent vessels are straightened, and the foot and leg may then be fully nourished and atrophy avoided. The astragalus is so deeply received between the malcoli, and so firmly held by the lateral ligaments, that the motions of flexion and extension are alone permitted. The ankle is thus seen to be purely a ginglymoid, or hinge-like articulation.

"Our knowledge of anatomy teaches us, that of the twelve muscles passing from the leg to the foot, nine are inserted anterior to the medio-tarsal articulation, or in front of the articulation of the last row of tarsal bones with the upper extremities of the metatarsal bones. The three remaining muscles, namely, the gastrocnemius, or belly muscle; soleus, or sun-fish muscle; plantaris, or base muscle, are all inserted into the tuberosity of the os calcis, or spur-bone. It is at the medio-tarsal articulation that the distortion of club-foot occurs. In talipes calcaneus the ankle is in fault, but in no other variety; and hence, here the term club-foot is a misnomer.

"In talipes equinus the heel seems to be drawn up, as though the distortion was at the ankle; but a careful examination will show that the heel is not drawn up, but the foot anterior to the medio-tarsal articulation has dropped downward, the result of paralysis of the extensor muscles.

"In the cavo-varus, or twisted arch, the plantar fascia is much shortened and contracted, by which the antero-posterior arch of the foot has been exalted, and a talipes cavus engrafted on the other distortion. In varus, the deformity is due to spastic, or jerk-like contractions of the anterior tibial, and measurably of the posterior tibial muscles. The perineal or fibular muscles are paralytic; thus the tibial muscles rotate the foot inward. Lastly, the tarsal bones, from continued pressure and neglect of proper treatment, invert, become permanently misshaped and deformed. Hence the necessity of early remedial efforts, while these plastic tissues are amenable to restoration."

So much, Mr. President, for Dr. Crosby's graphic descriptive pathology. By it we hope to be able successfully to illustrate the following typical duplex case of cavo-varus, with a satisfactory result.

Augusta R., aged six years, born of healthy parents, and free from hereditary taint, presented a few months ago, suffering from congenital club-foot, as above named. In the early days of infancy was unsuccessfully treated for this deformity, as her photograph will illustrate. It may be plainly seen that both inferior extremities are implicated; first, by the varus, or twisted, and superadded to that, the cavus, or

arched club-foot. Our mode of treatment was as follows: First, to tone up these paralytic muscles and nerves, and revitalize these atonic vessels, with a view of re-establishing nutrition to these parts. We made daily alternating applications of the galvanic and faradic currents, their values being materially different and essential. By the galvanic current we re-establish the lost temperature and circulation, or extra nutrition. By the faradic application the muscular irritability and contractions, or elasticity, are restored. With this view we also ordered the limbs to be shampooed or massaged (from the Arab, *massa*, or the Greek verb *masso*, to knead). This treatment by massage was made famous by Dr. Metzger, of Bonn, in the treatment of joint diseases. His reputation was greatly increased in his successful treatment of the Danish Crown Prince. Thus we have combined these modes, and term it the electro-massage treatment. In this case we also instruct the parent in daily application of rubbing the affected part with the phosphated oils, another source of nutrition to the nerve peripheries, and mobility to the relaxed tissues. Furthermore, to overcome the deformities, we apply the club-foot shoe and lateral brace, of such construction as to give free vascular and muscular action, and yet maintain all the parts in a natural position, with NO MODERATE DEGREE OF SUCCESS, as my late pamphlet will indicate. To this little girl we have been able to restore, at this early stage of treatment, much of the rotundity, force and shape of the affected parts. I am encouraged to hope soon to be able to present the case to you in *persona propria*, fully developed. For the few cases we have successfully treated by this method we modestly refer you to the pamphlet or cases related before the faculty of this State at its last annual meeting.

In electro-massage, the hand of the operator must be the electrode. Thus each faulty, weakened muscle must be found, massaged, and revitalized. With this little patient the treatment has so restored the dorsal pedis muscles as to have greatly elevated the fallen tarsal bones. By it, also, the plantar fascia has been expanded, lengthened, and strengthened, having the effect of lowering and graduating the arches. Again, the tibial and fibular muscles have been so co-ordinated and retoned as to invert the foot and give a natural rotundity to the legs. Indeed, we must confess surprise, especially in this case, to have witnessed so rapid and so effectual an issue, for there remains none of the coldness, blueness, or pale and shriveled appearances, and but comparatively little of the old distortion.

The shoes, we believe, are the simplest used in club-foot troubles, being a modification of Dr. McLean's excellent apparatus. On the inside of the shoe, and fixed to the sole, is a sheet of steel or metal, so reflected as to cover the articulations of the great toe and the neighboring parts; and, attached to the middle third of the outer border of the sole (the hollow) is a lateral steel splint, light and elastic, extending up to and above the calf, where the leg is encircled by another and light steel band. At the base, or nearly so, is a hinge-like joint, to work in harmony with the ankle. With this assistance she is enabled to walk to and from our office to her home, a mile away, without any pressure upon the old callosities on the external border of each foot, upon which she has walked so long and painfully in days gone by.

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## A CASE OF CYSTIC GOITRE CURED BY THE DRAINAGE TUBE.

BY W. L. APPLEY, M. D.,
Of Cochecton, New York.

Having been engaged in a pretty active practice since 1840, and never before seen or heard, in this vicinity, at least, of a cystic goitre, I am induced to report the case briefly to you, hoping you will consider it of sufficient interest to publish it in your valuable JOURNAL.

Dr. L. W., aged 65, presented himself at a meeting of the Tri-States Medical Association, March 5th, 1873, with a large tumor in front of the neck, of twenty years' standing, and had not produced much inconvenience until lately it began to interfere with respiration and deglutition. He had always supposed it to be an ordinary solid enlargement of the thyroid gland. He had treated it as such; taken iodine and iodide of potassium in large doses, and for a long time, and applied iodine locally without benefit.

After an examination, the physicians present were unanimous in the opinion that the tumor was cystic. We proposed introducing the trocar and canula, but the patient declined. He allowed us to introduce the exploring needle, and we convinced him that the tumor contained a fluid. We introduced the trocar and evacuated the contents of the sack of the tumor, a brownish fluid (20 fluid ounces), and weighing

22½ ounces. He declined any further treatment at present.

May 10th he came to see me, the tumor nearly as large as at first. I introduced the trocar and emptied the sack of its contents, and injected tinct. of iodine. His general health appeared to be failing. He came to me again the 3d of August, much prostrated and emaciated, loss of appetite, etc.; could walk but a short distance. His friends began to apprehend a fatal result. The opening did not close entirely, and the discharge had become purulent and profuse.

I now introduced a rubber drainage tube and advised him to inject warm water twice a day. I saw him again Sept. 10th, very much improved in his general health; but a slight discharge from the tumor, which was then about the size of a hen's egg, and appeared to be the sack contracted. Saw him again Dec. 15th. He claimed to be in as good health as he ever was, and weighed as much; can walk long distances. He has left off using the tube. The opening is not entirely closed; there is a very slight discharge. He pronounces himself cured. Many of his acquaintances fail to recognize him on account of the change in the appearance of his neck.

January 1, 1874. Discharge has ceased; opening closed; no appearance of the tumor remaining.

## Hospital Reports.

### PHILADELPHIA HOSPITAL.

#### SURGICAL CLINIC OF DR. J. H. BRINTON.

REPORTED BY J. V. SHOEMAKER, M. D.

**Hypertrophy of Prostate Gland.**

The next case, Gentlemen, which I shall bring before you this morning, is one of great interest, inasmuch as it is typical of many which you will meet with hereafter. This man is more than sixty years of age; he is a New Englander, and states that he has never suffered from gonorrhœa or stricture in his life. He was admitted to Hospital some days since, and complained of trouble in making his water. He says that for two or three years he has been troubled by frequency of micturition, oftentimes being obliged to empty his bladder twenty or thirty times a day; in fact, that he made the attempt every half-hour. At each time he voided a small quantity of urine, say an ounce or two, but that was all. In spite of all his efforts he could discharge no more; but in the course of a very few minutes the desire to urinate would return, and at each trial the result would be the same. He experienced some pain before the attempt to urinate, but this passed away with the effort. He possessed but little power of propelling his urine; that is, his stream was what is known as "weak," falling to the ground immediately upon leaving the meatus urinarius. This frequency of passing water continued at night as well as in the day, forcing him to rise from his bed very many times.

We have thus, gentlemen, a group of symptoms for our study. These are diurnal and nocturnal frequency of micturition, preceded by pain; loss of propulsive power, absence of blood, and a tolerably clear urine. Taken altogether, what do they indicate? In all probability hypertrophy of the prostate gland. At least such is my impression now. I have not as yet completed my examination of this case, and I propose to do so before you now.

In the first place, I shall ask this patient to make water before you. He assures me that he is not at all nervous, and that your presence will not affect him in this particular. Facility of micturition varies greatly in different persons. Some cannot make water in the presence of any one, so nervous are they at being looked at. But you see that our patient is now passing his water; passing it as freely as usual, he tells me. Look at the stream, narrow and weak; you can see that there is no active propulsive power behind it. The urine has now ceased to flow; and when I look at the basin, I find that there is not more than five or six ounces in it. Now I am morally certain that this man's bladder is far from empty, in fact, that although he has, as he thinks, voided its contents, in reality, there is still a large amount of urine in the bladder; "residual urine," as Sir Henry Thompson calls it.

We will see whether I am right in my supposition, and if I find that I am, I will tell you why this is so. I will now introduce a catheter into the bladder, and shall select this one, a No. 10, gum catheter. You see that it has a very short elbow or curve; it is the catheter "condée." This is a French form of instrument, and in certain cases I like it very well. You observe that it passes readily, for I find no stricture. The point of the instrument is now passing the prostatic portion of the urethra, and I can detect that it is riding, as it were, over some projection in the floor of the canal. The point is now in the bladder and the urine flows; I should not be surprised if I should draw off a good deal. It has now ceased running, and you will notice that I have here at least eight ounces of residual urine.

My diagnosis is not, however, quite complete. I wish to examine the condition of the prostate through the rectum. For this purpose I shall ask our patient to lie upon the table, and having rubbed a little soap under my nail, for the sake of cleanliness, I then insert my finger through the anus, and carry it upward until I can feel the prostate gland. I do not detect much enlargement. The right lobe is normal, the left is

slightly increased in size, but is not painful upon pressure.

We have thus, I think, elicited sufficient facts on which to base a diagnosis. In addition to the symptoms already enumerated, we have developed the inability of the bladder to fully expel its contents, and the presence of a large amount of residual urine. The lateral lobes of the prostate, although doubtless enlarged, are not so to any very great extent. The catheter, however, in passing through the prostatic urethra, encountered an obstruction, which probably is dependent upon an enlargement or growth from the isthmus of the gland, or the middle lobe, as it is sometimes called. It is more than likely that this enlargement extends almost up to the vesical orifice of the urethra, and that the very effort of straining to make water causes the obstruction to act as a valve, and impedes the flow of the fluid.

You will, perhaps, remember that I have upon a previous occasion dwelt upon the enlargement of the lateral and middle lobes of the prostate gland. I then endeavored to show you that it sometimes happens that a considerable lateral enlargement may exist without producing very serious symptoms of obstruction; and, on the other hand, that a comparatively slight enlargement on the floor of the urethra may greatly interfere with urination. Our patient is a case in point. He has an obstruction to the flow of the urine just in front of the opening into the bladder. This obstruction acts, doubtless, as a valve, requiring great exertion upon the part of the muscular fibres of the bladder to overcome it. These fibres are doubtless increased in size, the walls of the bladder are thickened, its distensibility lessened, and its capacity decreased. It holds less urine than in its normal condition, and is consequently sooner filled, when irritation sets in, and spasmodic action of the muscular layer. Then, too, the projecting uvula in the urethra allows but a certain amount of urine to flow at each act of micturition, and in truth, the bladder is never emptied. If left to itself this state of affairs will soon pass into a much more serious condition, the urine will undergo changes, and become, in fact, decomposed and fetid. Cystitis will be also apt to occur, the patient's comfort in life will be gone, and his life imperiled.

Fortunately, matters have not yet progressed so far. The residual urine appears to be only about eight ounces in quantity, and does not seem to have undergone organic changes in character. Can this man be cured? in other words, is this prostatic hypertrophy susceptible of radical cure? I think not. At the same time I believe that he can be made very much more comfortable, in fact, very comfortable indeed, and I do not believe that his life will necessarily be shortened by his trouble, provided he be well treated. At the same time, in giving a prognosis in cases of this character, it is well, I think, to regard the nature of the prostatic hypertrophy. When the obstacle to urination depends upon a very greatly enlarged prostate, especially of the lateral lobes, I do not think that we can interfere so positively as when the obstruction is simply a moderate development, or growth from the isthmus of the gland. In the latter case the daily introduction of the catheter serves not only to draw off the urine, but at the same time it acts, in some way or other, to keep the urethra free, either by causing an absorption of the growth, or by giving it such direction or shape as may reduce it to a degree innocuous. Where the hypertrophy is bilateral and excessive the case at times becomes complicated, catheterism is often difficult and painful, and requires a careful selection of instruments on the surgeon's part, to which I will allude hereafter. I should mention that in many cases of prostatic hypertrophy there is often a tendency to hemorrhage. I have seen, even under the most careful and dexterous manipulation, a large amount of blood lost, so much, indeed, as to enfeeble the patient. But this hemorrhage cannot always be avoided; it forms an item in your prognosis, and sometimes may influence your treatment.

The treatment in the case of the patient before you will be simple enough. I shall direct that his bladder be emptied by a catheter twice daily. We will thus get rid of the residual urine, and its deleterious effects. His bladder will be relieved from a constant source of irritation, and perhaps its containing power may thus be increased. The presence of the catheter, too, will doubtless have a good effect in diminishing the size of the middle obstruction. I shall also teach the patient how to introduce the catheter himself, and this is, I assure you, a most important step in the treatment. Of medicines, I shall order none, but shall rely on good diet and constitutional hygienic support.

In a future lecture, I shall take the opportunity to dwell upon certain symptoms of prostatic hypertrophy which are absent in the case before us. I refer to the dribbling and involuntary micturition, which are characteristic of decided atony of the muscular walls of the bladder, and which has been described by Thompson as "overflow" of the bladder. This condition is an exceedingly frequent one in bad cases, especially of men well advanced in years, and is one which requires most careful treatment on the part of the surgeon. But we will speak of that hereafter.

### Burn.

The next case to which I will direct your attention is one of extensive burn upon the shoulder. This woman, aged about thirty-five, was scalded two days ago by the contents of a large tea-kettle of boiling water. Strictly speaking, this is a scald, and is produced by the contact of moist heat. A burn is the result of dry heat. The classification of burns usually adopted is that of Dupuytren, and although it is somewhat complicated, I recall it to your mind, since in the case before you the first four of the different degrees of destruction of tissue are well exemplified. First of all, we have the simple

erythema of the skin; secondly, erythema with vesication, or the formation of blisters. Each of these degrees can be seen at the circumference of this burn. The third and fourth degrees of burn, to wit, partial and entire destruction of the thickness of the skin, are well illustrated in these other portions. The fifth degree of burn is the destruction of all the tissues, skin, superficial fascia, and muscles, almost or quite to the bone, and the sixth is the entire destruction of the part, as where molten fluid has come in contact with a limb.

Burns may thus vary greatly in depth, and as you all know, they are met with of varying extent. Indeed, it not unfrequently happens that a broad superficial burn may prove more dangerous than a deeper one of less surface area, and this you must bear in mind in forming your prognosis. As a rule, I think that a superficial burn, of from one-third to one-half of the surface of the body, must be regarded as dangerous to life. Pain is one of the most marked symptoms of burn, and would appear to be greater in burns involving the skin than in those of the deeper structures. Another prominent symptom in severe cases is the terrible collapse or prostration. I once saw a poor woman rush from her house into the street with her clothes a sheet of fire. I assisted in extinguishing the flames by smothering them with the great coats and shawls of the passers-by. The poor creature was immediately carried into her house; the prostration and mental demoralization were absolute. She was in a state of the deepest collapse, with a quick, feeble pulse. She complained bitterly of cold, and suffered night after night. Premature labor, in her case, occurred, and subsequently death from exhaustion.

The stage of prostration, in severe burns, is followed, in from twenty-four to thirty-six hours, by that of reaction and inflammation. Sloughs form and separate, and we have then the third stage, a stage of suppuration and exhaustion. Death may occur in each of these stages, in that of prostration, inflammation and suppuration. Its mode of occurrence in the second is peculiar, and is often brought about by an excessive activity, or action developed in the mucous membrane of the intestinal canal, especially in its upper part, the duodenum. Here we not unfrequently have inflammation and ulceration of the duodenal or Brunner's gland, ending sometimes in perforation of the bowel. You can readily understand how this may occur, if nature by an undue effort seeks to compensate for the impaired secretion and functions of the external cutaneous surface.

What will be your treatment of a burn? The indications may be briefly stated; you must allay pain; protect the burned surface; favor the falling of the sloughs; in the later stages of severe burns, support the patient under exhaustion; and during convalescence, guard against the formation of disfiguring and injurious cicatrices. The details of your treatment will, however, be influenced a good deal by the degree of the injury. Thus, in a case of burn of the first degree, erythema without vesication, if the injured surface be not extensive, there are no better applications than lead water and other cooling lotions. If the inflamed surface, however, be great, you must see that your lotions do not give rise to chilliness. In the second degree, where vesication has occurred, you must be very careful not to remove the raised epidermis; allow it to remain as a protection to the tender surface beneath. Snip the blister with your scissors, let out the serum, but do not remove the cuticle.

When a portion, or the entire thickness of the true skin has been destroyed, in other words, in the third or fourth degrees of burn; a vast number of applications have been suggested. One of the most widely used of these has been the famous Carron oil, originating at the Carron iron works, near Glasgow, a mixture of equal parts of linseed oil and lime water. It is usually employed by saturating lint, cotton, or cloths of linen or muslin with the oil, and placing them over the burned surfaces. It answers its purpose well, but is very objectionable on account of its exceedingly disagreeable odor. Some years since, one of the members of my family was unfortunately badly scalded over the face, head, neck, arms and chest, by the explosion of a boiler. I then had ample opportunities of testing the relative advantages of the many applications in vogue for burns. The carron oil, I found, was very annoying, on account of its unpleasant and sickening odor. Especially was this the case when applied upon the face. A medical friend suggested to me a preparation which gave great satisfaction at that time, and which I have since largely used.

I will show you how to mix the materials. I have here a saucerfull of lard; I run some water from the spigot over it, stirring it at the same time with a spoon, so as to get rid of the salt. Here is a bottle of lime water, sixteen ounces; into this I drop two drops of the bitter oil of almonds and shake it well. The lime water has now an agreeable odor. I then pour into the lard, from which I have already drained off the water, about three or four tablespoonfulls, or a little more, of this prepared lime water. I then beat up the lard with a spoon until the lime water is incorporated. I have thus a sort of carron oil, composed of lard and lime water, possessing a pleasant odor, and which can be freely applied, even over the face, without producing any unpleasant sensation. It is cooling, cleanly and agreeable, even to the most fastidious. I spread this mixture on a cloth and adjust it upon the burned surfaces; I usually change this dressing once or twice a day, taking care, of course, not unnecessarily to disturb the surface of the burn. I advise you, gentlemen, to remember this simple application, and I am quite sure that you will be greatly gratified by its excellence and soothing qualities. I have spoken thus of a local application alone. Of course, in severe burns, you will see to the alleviation of pain by proper anodynes, and to the sufficient support of your patient in cases of exhaustion.

**Stricture—Internal Urethrotomy.**

I have next, gentlemen, a very bad case to bring before you, and one which has given me a great deal of trouble. This is the history:—A man, aged 29, contracted, some four months since, a gonorrhœa, which lasted in an acute stage some eight or ten days, and has been followed by an exceedingly obstinate stricture. He has been an inmate of this hospital for the last two months. His condition is a very unfortunate one. He can pass no stream of water, his urine dribbles from him drop by drop, and is continuous. He is confined to his bed, and his general health is greatly impaired. I have made repeated efforts to pass his stricture, but I have so far utterly failed in my attempts. I have employed instruments of various kinds, metallic, flexible, and whalebone, but with a like futile result. Two of my colleagues have also essayed their skill, but with no greater success than I have had. I have sought by rest, topical applications and leeching, to change the local condition, but without avail.

What shall I do? how can I relieve this man? Before answering this question let me examine him before you, so that we can come to some conclusion as to the nature of the obstruction. I will now carry a Thompson's sound, No. 10 English, down the urethra; I find that its point is arrested at the peno-scrotal angle; I make very slight pressure upon the handle of the instrument; the point then enters the stricture a little, very little way; it "engages," as it is termed. Now placing my fingers on the outside, upon the urethra, I can feel that this stricturing point is apparently an annular bend; above this, for a short distance, the urethra seems to be free, and then still higher up, by firm pressure with my fingers, I can detect a brawny hard mass, surrounding and involving the canal. Thus all this corresponds with and corroborates the information I have already derived from my filiform whalebones. It has several times happened that when one of these delicate instruments has penetrated this first stricture, a slight escape of urine has followed its withdrawal. The patient has of late frequently referred his pain to a position just in the rear of this stricture, and I imagine that the urethra is here undergoing dilatation.

My diagnosis in this case is multiple strictures, of extreme tenacity and resistance, with a tortuous, narrowed urethral canal. This patient presents what is ordinarily spoken of as a "tough case." I have decided on my plan of treatment, to-wit, inasmuch as the case is urgent, as the man's constitution is suffering, and the flow of urine is so dreadfully impaired, I shall endeavor to open up the canal by division of the strictures. First of all, I shall seek by internal incision to overcome the first stricture at the peno-scrotal junction. I show you here an instrument of Charriere, a combination of those of Civiale and Maisonneuve. This canula contains a concealed blade, which, when thrust forward, enables the surgeon to cut from before backward, and when withdrawn, also to cut from behind forward.

Our patient is now etherized, and I carry my urethrotome down to the stricture, against which I press it freely. I thrust the blade forward, and I feel the resistance of the stricturing bands to the edge of the knife. I then withdraw the blade, and cut towards me. I am quite sure that I am dividing the stricture, and you see when I withdraw the instrument and carry down a sound that I have evidently made some progress. I have passed beyond the first stricture, and I now encounter that behind it, which is evidently the greater and more obstinate resistance. My metallic instrument is now arrested; it will pass no further. I withdraw it, and essay the passage with the whalebone. It may be that I may fail, but I intend to make a fair effort to find the channel of the urethra. If I can succeed it will greatly facilitate my future operations, for I shall then be able to cut upon a guide, or to burst the stricture with certainty. The opening of the posterior stricture seems, however, to be as difficult of discovery as was that of its fellow anteriorly. I believe, therefore, that my wisest course will be to desist from further operative interference to-day; to allow the patient to recover from the immediate effects of to-day's cutting, and then carefully and gently to renew my efforts to pass the stricture in the rear. Failing in this I shall most probably resort to external section, a proceeding which seems to me to be less dangerous than the internal division, without a guide, of a stricture situated far down in the canal. In the meantime I shall have the patient put to bed between blankets, and as soon as he shall have recovered from the ether he will take a full dose of morphia and quinine. I trust, and indeed expect, that he will escape without fever, for so far he has not proved to be very irritable in that respect. At all events, I will keep you informed as to the progress and issue of this case, for I regard it as a very instructive one, and I hope, little by little, to bring it to a successful termination.

## Medical Societies.

### MEDICAL BOARD, EASTERN DISPENSARY.

STATED MEETING.

New York, April 9th, 1874.

(Extract from the Minutes.)

Dr. O'Sullivan, desiring to reopen his case, reported at the last meeting, asks if the threatened phthisis and the coincident disappearance of this danger along with the syphilitic impress in maternity is usual?

Dr. Mulreany believes that hemorrhages are common from syphilitic taint, and that many of those much vaunted cases of recovery from so-called phthisical diseases may, with much gra-

vity, lie under the suspicion of syphilitic cachexia.

Case I.—A gentleman residing in ——, England, under his professional notice, contracted a Hunterian chancre, in 1836, which yielded readily to non-mercurial treatment. Four years after, he had a chronic bubo, without the slightest fact which might be suspicious of a new infection. This discharged, and slowly disappeared. Then came an eruption, chiefly on the shoulders; this was followed by a severe attack of hæmoptysis, and this, four years later, by another attack of a similar character. This latter was in 1854, and since then there has been no return of lung or other trouble.

Case II.—Also residing in ——, the son of a medical gentleman, and the patient of Sir ——; was attacked at first with syphilitic psoriasis and erythema; was sent to the country, and, under mercurials, the eruption disappeared, leaving an ulcer of the scalp. On his return to the city and assumption of professional duties, was attacked with a violent hemorrhage from the ulcer, and, coincident, the disappearance of any and all syphilitic symptoms. Later he had hæmoptysis, was sent to sea, and within quite a late period has had yet another. He looks on all such cases as syphilitic, and curable.

Dr. Davis looks on all syphilitic subjects with much solicitude, when enceinte, and finds abortions very common, and, therefore, finds no unusual feature in the case produced, since placental disease and abortion go together.

Lately, in his practice, attended case of Mrs. ——, member of —— Troupe, in which case no doubtful symptoms, prior to delivery, had shown themselves, but the child, about a week after the birth, developed syphilis, and shortly after died therefrom. Subsequently, thorough inquiry revealed the existence, before marriage, of syphilitic roseola, and syphilitic iritis.

Dr. Bennett sees how gummy tumors may occur in the lung substance, but in making up a differential diagnosis in phthisis and syphilis, would not some information be obtained from the location of the deposit?

Dr. Mulreany has seen many cases of "rotten placenta." The mothers generally retain the syphilitic impress till the ovum is discharged, thereupon the case is normal again. Has noticed that the children of males who have syphilitic taint at conception, if they come to maturity, generally die of a pale, or white, bloodless liver. Mercurial inunction modifies their constitution. But the mother is not "impressed" after the confinement.

In the service of one of the chief surgeons in ——, a lady, high in society, to the mortification of all interested, had frequent pregnancies and invariable miscarriages. Finally, upon the death of the husband, the surgeon married the patient, who, in due season thereafter, was delivered of a perfectly healthy and first fully matured child.

Ricord's maxim—"A man cannot contract syphilis while he has the impress of a hard chancre"—he fully endorses.

Dr. Brekes asks whether it has been demonstrated that a true phthisical tubercle does exist sui generis, and yet never develops itself?

Dr. Garrish thinks it can. Referring to the case under discussion, his experience is not exactly similar. Thus he has seen numbers of instances where the child died of syphilis without previous placental trouble, and he has seen mothers produce syphilized fœti without any apparent previous syphilitic disease.

Dr. Mulreany believes abscesses in the lungs may be induced by other causes besides tubercle. Thus he has seen abscess of the lung following variola, and believes it due to a pock. In another case, a groom, subject of epileptic fits, falling in one, was picked up apparently dead, with face much ecchymosed and lungs congested, succeeded by foul, offensive sputa of pus character, revealing the presence of an abscess in the centre of the right lung. He recovered.

He also had two cases of syphilitic abscesses of the lung, where it rests on the diaphragm, which, under proper medical treatment, got quite well. Also has a case of phthisis brought on by a severe miscarriage and ulceration of the os uteri. Dental irritation may likewise localize the trouble in the lungs.

Dr. Garrish desired to note the value of assafœtida in tetanus.

A recent case in his practice, a boy, seven years old, on the 15th of March, in play, was struck with a stone which severed the right eyeball in two parts completely. Forty-eight hours after the occurrence found the eye much swollen, and enucleation would seem necessary. In ten days, despite impure air, which threatened typhus fever, under antiphlogistic remedies the wound healed up, and the result was considered good.

After two days, in which the playmates of the patient joined in common sport, or about twelve days after the accident, tetanus set in in severe form, giving a perfect illustration of opisthotonos. Enemas of assafœtida were vigorously employed, together with hydrate of chloral, to the marked mitigation of all the symptoms, though ultimately the patient died.

The second case was a young lady, twenty years of age, whose foot was pierced from dorsal to plantar surface. In three weeks following, the tetanus which supervened was entirely controlled, and the patient brought to health by means of assafœtida. The patient has since married and has had a family.

The third case was that of a young lady, where tetanus followed a usual cause. The jaws were rigid for two weeks; was treated with assafœtida entirely, and is now in perfect health.

Dr. Mulreany, as kindred to the topic, would mention that he associates opium and antimony in hydrophobia and all other tetanic affections, as follows:—

| | | |
|---|---|---|
| ℞.—Tr. opii, | | ℥vj; |
| Ant. et pot. tart., | | grs. vj; |
| Aquæ, | | ℥viij. |

Tablespoonful every two hours.

# EDITORIAL DEPARTMENT.

## PERISCOPE.

### Purpura or Flea Bites?

Dr. W. Williams, of Liverpool, writes to the *British Medical Journal*, on a case of mistaken diagnosis:—

For the malady which has given rise to the supposition of the prevalence of purpura among the poor children of this town, met with in the form of small dark-red circular spots, of more or less uniform tint, varying in size from about the one-ninth to the one-twenty-fourth, or even less, of an inch in diameter, and found most frequently and in greatest abundance on the integument in front of the body, neck, and upper arms, has, besides the weight of its hitherto generally recognized and undisputed claim to an origin in flea-bites, many peculiarities which entirely preclude the idea of a different source.

According to the hypothesis advanced, but contrary to universal experience of purpura, the chests of young children, healthy and unhealthy indiscriminately, are found more frequently marked than are the legs of the aged. Thus most unaccountably conjoined with its imputed nature, do we find that, in the choice of sites, preference is given to the warmest and most delicate portions of the surface; the lower limbs, the parts most dependent and furthest removed from the centre of the circulation, being discarded almost invariably.

Again, the duration of the disease shows a wide gap to exist between it and purpura. In the latter case, weeks and even months are known to pass with a continuance of the cutaneous discoloration; while, as the result of altered topical states, as through admission into a clean ward in cases of flea bite, the spots soon fade, and are usually absent on the fourth day, to quickly reappear, however, on discharge and consequent re-exposure to the previously existing conditions. In all the numerous instances where I have had opportunities for observation, this rule has held good.

Further, I am enabled to state that, during my experience, no other beside the cutaneous resemblance to a purpuric symptom was present in a single instance; there was no tardiness in the reunion of fractures or healing of wounds; no unusual hemorrhage either from them or from the mucous membrane. And another point of no inconsiderable value in establishing a correct theory, is indicated by the fact that these spots are much more rife during the hot summer than during the winter months.

Moreover, it will be allowed that, without a knowledge, gained through experiments with insects themselves, of the influence exercised on the duration and character of the resulting petechiæ by the condition of the skin, delicate or otherwise, the nature of the bite, severe or the reverse, the state of the patient, healthy or unhealthy, and the vitality of the part, errors respecting flea-bites are not surprising. For, on the application of a flea to almost any part of the cutaneous surface, not omitting the face and eyelids, in a short time, as the result of the bite or bites, one or more circular blushes of a light red color are left, having at the centre a spot of a much darker tint and of the size of a pin's head, with occasionally the actual site of the puncture indicated by a still darker point in its middle. In twelve hours, or less, the blush will have faded, leaving the central dot as the only indication. This will, however, have assumed the appearance of an ordinary spot of ecchymosis visible through a transparent layer of cuticle, and will remain for an uncertain period, varying from one to six or eight days, the duration being influenced, as above stated, by the healthy or unhealthy condition of the patient, the vitality of the part, and the energy displayed by the insect; for, when a flea feeds undisturbed from one or two punctures, the resulting marks are much more permanent than when, owing to disturbance or other cause, numerous incisions are made during one meal.

### The Traumatic Origin of Tumors.

The London *Medical Record* translates a paper by Dr. Edward Stich, of Nuremberg:—

The greater part of the paper is composed of four cases illustrative of the influence of local injuries in the production of tumors. The first is a case of sarcoma of the left occipito-atloid articulation, and of the neck of the fifth rib and the body of the fifth dorsal vertebra. The patient was a healthy blacksmith, aged twenty, who, in consequence of his chair being pulled from under him as a practical joke, fell backward, striking his head and shoulders violently on the ground. At the time he was stunned, but soon recovered, and was able to walk home. The following day he was tolerably well, with the exception of some pain and stiffness about the neck. He could, however, bend his head backward and forward, and rotate it without much difficulty. From this time forward he had frequent pains in the neck, and lost flesh and appetite. Five months after the accident, when he came under observation, the neck was found to be fixed stiffly, and a tumor could be distinctly felt in the sub-occipital region, and another at the level of the fifth dorsal vertebra. These tumors increased rapidly, paralytic symptoms supervened, and he died about six months after the injury. The examination of the body after death showed two soft white sarcomatous tumors, one destroying the neck and head of the fifth rib and extending into the body of the fifth dorsal vertebra, and the other affecting the

left lateral mass of the atlas and the left condyle of the occipital bone, extending in the base of the skull as far as the great wing of the sphenoid. The odontoid process was bare, and the ligaments were destroyed. In this case the author considers the primary injury to have been a fracture of the transverse process of the atlas and another of the fifth rib. The growth necessary for the repair of these injuries he believes to have been the starting-point of the tumors, the normal limit of activity being exceeded and a sarcoma produced instead of callus. A somewhat similar case is also recorded, in which a sarcoma developed in the base of the skull of a boy twelve years of age, some time after a severe blow on the head. At the *post-mortem* examination Dr. Stich found what he considered to be an old fracture of the small wing of the sphenoid. It is unfortunate that the only two cases of sarcoma following fracture that Dr. Stich is able to bring forward should have occurred after injuries, the nature of which was not ascertained at the time of the accident, especially as it is impossible not to look with suspicion on conclusions drawn from bones to a greater or less extent destroyed by a tumor.

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### Alcohol in Tympanitis.

Dr. J. P. Cassells says, in the *Lancet*:—

The affections of the tympanum, out of which all other diseases of this cavity seem to develop themselves, are simple catarrh, muco-tympanitis, and tympanitis; but as I have already indicated that the use of alcohol appears to be more efficacious in an advanced stage of the first-named disease, the following remarks apply exclusively to it.

This affection of the tympanum (simple catarrh), consists in a hyper-secretion by its lining membrane, unduly stimulated to increased action through causes that determine an over-abundant flow of blood to it. Under favorable circumstances this condition ends in resolution, by a return of the hyperæmic tissue to its normal state; but not unfrequently it passes into one in which the morbid processes are in abeyance, and the secretion contained in the tympanum becomes inspissated. More commonly, however, and especially in early life, the morbid processes set up in this cavity become chronic, but still continue active. The secretion increases in quantity, till, exceeding the capacity of the tympanum to contain it, and unable to effect its escape by the Eustachian tube already concentrically closed, it breaks through the membrana tympani, and appears as a flocculent discharge from the external meatus, constituting catarrhal otorrhœa. If at this stage the parts are carefully freed from this secretion, we observe a greater or less loss of structure of the membrana tympani, and the lining membrane of the tympanum highly congested, the color of it depending upon the degree of the hyperæmia and the duration of the previous stages of the disease; and that it is also hypertrophied and villous. To this condition of the membrane I venture to apply the name polypous hypertrophy, as sufficiently designatory of its appearance. What its microscopic character may be I am at present not prepared to say, for, except in an indirect manner, I have not had an opportunity of ascertaining this. When polypi, however, develop themselves out of this morbid state, and have their attachment to the lining membrane of this cavity, they appear under the microscope to be made up of a proliferation of the loops or papillæ of its vascular layer covered with its own epithelium. The inference, therefore, that in this condition of the lining membrane of the tympanum there is a true hypertrophy of its normal structure seems warranted,

This condition of the ear, briefly and therefore imperfectly described above, is that in which I have found the local application of alcohol almost specific.

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### Boracic Acid and Chloride of Zinc in Surgery.

In a description of Professor Lister's antiseptic treatment, by Dr. Lesser, a German physician, quoted in the Edinburgh *Medical Journal*, the latter says:—

Boracic acid and chloride of zinc are also antiseptics, and are employed as adjuvants in the antiseptic treatment.

Lister employs boracic acid in two forms; boracic lint, a dressing material, almost non-stimulating, for wounds, where the crystals of the antiseptic in the lint are only dissolved gradually by the discharges of the wound; and a lotion of boracic acid (three to five per cent.), partly for washing and partly as a spray. The antiseptic power is less than that of carbolic acid, and stimulates the tissues less, but, being non-volatile, it is not so evanescent. Lister, therefore, prefers this substance for superficial wounds, such as those of plastic operations, in the treatment of ulcers, and, lastly, for the purpose of the healing of loose portions of skin on granulating surfaces.

In the case last mentioned the method is the following:—After the sore is brought into an aseptic condition, it is carefully washed with boracic acid solution, then the pieces of skin to be transplanted are placed upon the surface of the granulations, under protection of the boracic spray. Without fixing specially the small portions of skin, a piece of protective is laid over the wound after it has been dipped in boracic acid solution; upon this a layer or two of boracic lint similarly treated; the whole fixed with a gauze bandage. As the discharge is scanty, the dressing may be left unchanged two, three, or four days.

Chloride of zinc plays a very important part, and enables us to treat as aseptic a whole series of wounds which otherwise must remain in the category of putrefactive. It was specially brought into notice by Campbell De Morgan, of Middlesex Hospital. It thoroughly destroys superficial foci of putrefaction, and removes the stench of putrid masses, and forms a sort of eschar by impregnation of the superficial layers

of the tissues, which presents an absolute obstacle to putrefaction, and to its extension to the deeper layers. Lister employs a solution, forty grains to the ounce of water, and with the following indications:—

1. For wounds which have been for a longer or shorter time exposed to the influence of atmospheric air, and in which a superficial putrefaction of the tissues has occurred, in order to be able, after destruction of the products of putrefaction and the infected particles of the tissues, to regard the wounds as aseptic. To this class belong superficial surfaces of ulcers, with sloughing of granulations and stinking discharges.

2. Also for recent wounds, before putting on the first dressing, when the wound contains some focus of putrefaction, such as sinuses communicating with a joint subjected to excision. In such a case, the sinuses are also injected with the solution, in the hope of correcting the putrefaction of their contents, though the attainment of this is always uncertain.

3. We employ the chloride of zinc for recent wounds in the neighborhood of the different cavities of the body, and where the continual bathing of the wound with the putrid secretion of the cavity would render infection of the former possible. Chloride of zinc here forms an eschar which, more than any other eschar, resists all putrefactive influences, so that it constitutes an antiseptic covering over the injured tissues, till they are protected by granulation. And it is a capital fact, that such an eschar, even after three days, as in extirpation of a chancroid in the tongue, with absolutely negative treatment, gives rise to no stinking odor. It is right to add, that the eschar caused by this solution of chloride of zinc, though we cannot doubt its existence, must be of microscopic tenuity, being invisible to the naked eye.

### The Nature of Uterine Hydatids.

At a meeting of the Dublin Obstetrical Society, Dr. McClintock said that the title "hydatid of the uterus" was a double misnomer. The disease was not hydatids, and it was not a disease of the uterus. In all the cases he had seen it had been the true vesicular disease of the chorion, and there was a complete absence of echinococci. It was not a disease of the uterus, but of the ovum. A more practical and important question connected with this affection was a medico-ethical one, namely, how far these morbid products were to be regarded as evidence of pregnancy having occurred? Of course there were cases where, if the practitioner announced that the expulsion of these substances was a proof of conception, it would amount to a very serious imputation on the character of the patient. When, therefore, they came from an unmarried woman, a man ought to be cautious in expressing his opinion. In no case that fell under his observation was there any ground to doubt that the morbid growth was the result of impregnation. He was very much inclined to doubt, notwithstanding all that had been written on the subject, whether there was any clear indisputable case on record to prove that such a disease as this had existed in a virgin. It was possible that a woman, nine or more months after she became a widow, might discharge a hydatidiform product, without necessarily incurring a doubt as to her purity; for, it might be retained in the uterus beyond the period of uterine gestation. He did not deny that true hydatids might occur in the uterus, though he believed the occurrence of true hydatids in a cavity lined with a mucous membrane was extremely rare. He did not think they were ever found in the intestinal canal or in the bladder. He, therefore, did not think analogy confirmed the possibility of the formation in the uterus of a true hydatid growth. At the same time he should be unwilling to say that hydatid growths could not be found in the uterus of an unmarried woman.

### Copaiva in Croup.

In the *Transactions of the Medical Society of the District of Columbia*, Vol. i, No. 1, after relating a case, Dr. Lincoln wished to draw attention to a very important remedy in the treatment of croup, copaiva, which he considered of the greatest use in this and similar cases. Thought it prevented the re-formation of false membrane. On the night referred to in the report, when he removed the second specimen, he found the child as bad as ever, laboring under dyspnœa from false membrane in the air tube. He removed the inner canula, but found no membrane in it. Sent for copaiva, and in the meantime applied a mixture of copaiva and glycerine (of which a small quantity was in the house) to the inner canula, which he then reinserted. This produced a paroxysm of cough, and a piece of membrane was thrown out. He afterwards gave one drachm of copaiva, with prompt relief. Since then had applied a mixture of copaiva to the inner canula with great benefit, according to the statements of the parents. There was still some patches of membrane about the palate. Has seen the efficacy of copaiva in many cases; in one, a case of very severe membranous croup, a full dose of one drachm would again and again relieve the urgency of the symptoms, and the child recovered. He would have performed tracheotomy in the case but for an existing vitiated condition of the system.

As to chloroform, Dr. Lincoln considered that in Dr. Walsh's case no danger need have been apprehended from the anæsthetic, as instruments were at hand ready to open the trachea at any moment. He thought, however, the apparent final success was due to the copaiva.

Dr. Miller had used copaiva extensively in croup for thirty years, and had before spoken of its efficacy in the Society. Was in the habit of placing a vial of balsam copaiva in possession of all his patients subject to croup, directing them to take doses of twenty or thirty drops be-

fore sending for medical aid. The result was that whilst he used to be frequently called out at night to attend croup cases, he was now but seldom annoyed at night by similar calls. So great was the faith of his patients in this remedy that he had often been applied to for his so-called "croup medicine." It was especially valuable in the early stage.

Dr. Lincoln had never seen copaiva fail if given in the first stage of the disease, and had derived great benefit from it in every period of the complaint. In reply to a question by Dr. Fenwick, he said the remedy was of great use, even in the pseudo-membranous form of croup.

## Reviews and Book Notices.

### NOTES ON CURRENT MEDICAL LITERATURE.

——Messrs. Wm. Wood & Co., New York city, announce that they propose to publish by subscription a translation of Dr. H. Von Ziemssen's "Encyclopedia of the Practice of Medicine." It will be in fifteen large octavo volumes, of from five hundred to seven hundred pages each. Three or four volumes a year will appear, at five dollars per volume, cloth.

——It gives us pleasure to mention that the Detroit *Review of Medicine and Pharmacy* will, after July 1874, be enlarged by the addition of sixteen pages to each monthly issue.

——The Paris correspondent of the *Lancet* says:—The great literary event of the week, in our medical world, is the publication of the "French Medical Parnassus," by Dr. Cherbau, in which the learned author gives us a selection of the poetical productions of all living or departed French doctors who ever sacrificed to Apollo. The book is a most curious and interesting one. Among other anecdotes, it is stated that when Claude Barnard paid his first visit to Paris, the object of his venture in the excursion to the great city was to present a tragedy written in verse, the subject of which was Louis the Sixth. This was in 1834. The young poet was, however, soon induced to seek a more congenial sphere of labor. Ricord also has courted the muse, and fifty years ago published a poem in three cantos.

——It is stated that Dr. Wm. A. Hammond intends to revive his quarterly *Psychological Journal.*

——Dr. Dawson gives up the editorship of the *American Journal of Obstetrics*, in favor of Dr. Munde. Dr. D. gives a vivid narrative of his trials and troubles as a medical editor, which all his brethren of the guild will appreciate.

——We have received the following publications:—

Retention of Urine. By Alexander W. Stein, M. D. From the New York *Medical Journal.*

The Condition of the Conflict. An Oration before the Medical Society of the County of Kings, New York. By Alexander Hutchins, M. D.

The Mutual Relations of Druggists and Physicians. An Address by Prof. Charles E. Buckingham, M. D.

Catalogue of the Boylston Medical Society of Harvard University, 1874.

Thirty-third Annual Announcement of the St. Louis Medical College, 1874.

Thirty-first Annual Report of the Managers of the State Lunatic Asylum, Utica, N. Y., 1874.

Twentieth Annual Report of the Howard Hospital, Philadelphia, 1874.

Fifty-seventh Annual Report of the Asylum for the Relief of Persons Deprived of the Use of their Reason, 1874.

Constitution and By-Laws of the New York Society of Neurology and Electrology.

Proceedings, Constitution and By-Laws of the Medical Institute of Phillips Co., Ark., 1874.

### BOOK NOTICES.

**The Science of Homœopathy; or, a Critical and Synthetical Exposition of the Doctrines of the Homœopathic School. By Charles J. Hempel, M. D. Bœricke & Tafel, 1874. 1 vol., cloth, 8vo. pp. 176. Price $1.74.**

A succinct exposition of the theories advocated by homœopathists, including a distinct renunciation of some of Hahnemann's pet doctrines, for example, his extraordinary one about psora. The book is well written and interesting, but so far as the true scientific spirit is concerned, it is as far away from it as are the rhapsodies of Swedenborg.

——The German Public Health Congress will be held in Dantzig from Sept. 9 to 12. Among the subjects to be discussed are the following:—1. The demands of hygiene with regard to new portions of towns, streets, and houses; 2. The influence of various dwellings on the health of their inhabitants; 3. The reasons for and against the collection of cases of various kinds of disease in one hospital; 4. Public abattoirs; 5. Water supply; 6. The employment of women in factories.

# MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, JUNE 6, 1874.

D. G. BRINTON, M.D., Editor.


The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

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Dr. D. G. BRINTON has entire charge of both the business and editorial management of these publications. All communications should be forwarded to him, and all drafts, checks, post-office orders, etc., made payable to his order, at the following address:—

OFFICE OF
THE MEDICAL AND SURGICAL REPORTER,
115 South Seventh Street,
PHILADELPHIA, PA.


## OBJECTIONS TO CREMATION.

The public interest that has of late revived in the disposal of the dead by incineration is founded chiefly on the argument that this process best subserves the sanitary and other interests of the survivors. That it does so, has perhaps been too quickly taken for granted. There are serious objections to encouraging or even permitting this disposal of corpses.

The most obvious of these are from a medico-legal point of view. It has been well put by Dr. Ewing Whittle, lecturer on medical jurisprudence in Liverpool, that by cremation all chances of the detection of crime by *post-mortem* examinations and chemical analysis will be annihilated. Many cases of crime will be undetected, or *post-mortem* examinations will have to be made much more frequently than they are at present; in fact, in almost every case. The advocates of cremation will have to meet this difficulty before this mode of disposal of the dead can be adopted, even permissibly.

Life Insurance Companies would be more frequently imposed upon than at present, and the practicer of the nefarious arts of Brinvilliers and Borgia could at once and forever conceal the traces of his crime in the ashes of his victim.

Then there is the economical objection, well put in a lecture delivered in this city by Professor Frazer, to the effect that cremation is only applicable to large communities, and that with the future scarcity of fuel, it must be replaced by some other means. Finally, it may be urged that all the human bodies taken together form but a mere speck in the ocean of organic life which is continually ceasing to exist and suffering decomposition in the same manner, and that to benefit the health of the community all these organic remains must be burned; yet the proportion of putrid cadaverous to excrementitious matter is, in Philadelphia, about 1 to 4000, so that the importance of this question becomes subordinate to that of the general inquiry, "What shall be done with waste products?"

It is true that the Committee on Law, of the

New York Cremation Society, found that there was nothing in either the civil or criminal statutes of that State against the practice of cremation, or burning the dead; and it is probable this holds true of all the States. But it is time that either the practice be legally discountenanced altogether, or that no permit be granted to burn a body until it has been made the subject of a full and thorough medical examination.

Consuming the dead body by fire is one of the commonest ways of disposing of it among barbarous races, as witness the funeral ceremonies of many of the American Indian tribes; but modern civilized nations have united in discarding it, for good and sufficient reasons, though these may not have been fully expressed. It is a safe prediction to venture, that no mere love of novelty will restore this obsolete method to usage, while there are so many and so cogent reasons against it.

### THE PHYSICAL CONDITIONS OF VITALITY.

Have not the studies relative to the beginnings of life been prosecuted in too narrow a field? Watching the transformations of bacteria and amœbæ under the microscope, and seeking for their appearance in water hermetically sealed from the air after exposure to high temperature is, indeed, well enough, but not enough.

Let us offer a few suggestions setting forth the problem under different conditions. Given the inorganic food of plants, what other factors are needed to obtain the lushest exuberance of vegetable life? Two especially, a certain temperature and humidity. Here, then, are two physical conditions of the simpler forms of life, and search is to be made for that exact temperature and degree of moisture most conducive to its development. These ascertained, their influence on electrical and chemical relations, on colloid and crystallizable bodies, on the phenomena of dialysis and diapedesis, and on the physical action of protoplasm, next demands attention. In this manner one could translate the phenomenon of life into phenomena of physics.

Now that the ultimate substance of vegetables has been identified with that of animals, the problem is simplified, and the old distinction between these two realms of nature is done away with. Even intelligent consciousness can be claimed on as good grounds for the tree as for the bee, and all living organisms are alike subject to the same laws.

The conditions most favorable to vegetable growths are those which have also most favored mental growth. The early civilizations of both worlds started in such centres as the fertile valley of the Nile, on the fat loam of the Euphrates plain, amid the dense tropical woods of Central America, and by the flower-covered bosom of Lake Tezcuco, all within the isothermals of 70° to 75°. Why it is that in every instance the high tide of civilization has steadily advanced to colder latitudes, so that now it lies between the isothermals of 40° and 50°, is a question also to be solved by physiological and physical reasons. Life in all its manifestations, whether vegetable, animal, or mental, acknowledges identical laws, and these laws are those of physics.

## NOTES AND COMMENTS.

### Therapeutical Notes.

#### CHANCROIDS.

In the Charity Hospital, New York, according to the New York *Medical Journal*, iodoform is used as a dressing for chancroids, in the proportion of one part glycerine and one of iodoform. This is applied to the ulcer twice in twenty-four hours, and appears to be more satisfactory than the usual applications.

It is found that chancroids can be cauterized with nitric acid, without causing severe pain, by first applying to the sore pure carbolic acid. The carbolic acid serves as a local anæsthetic, and prevents the nitric acid from causing pain, which is not easily borne by the patient.

#### GONORRHŒA.

At the Roosevelt Hospital, New York, as we learn from the *Medical Record*, injections of the

silicate of soda have been employed in the treatment of this affection in both acute and chronic stages.

| | | |
|---|---|---|
| R. | Silicate of soda, | grs. xx. |
| | Aquæ | ℥viij., M. |

The injections were given three times a day. So far as employed, the results obtained were eminently satisfactory. No other treatment was combined with it.

In the acute stage of the disease, the *Press and Circular* says that M. Lamarre has used successfully, for the past seven years, tincture of haschish, two grammes, and benzoic acid, one gramme, to be taken during twenty-four hours in some mucilaginous julep.

After six days of this treatment patients are said to be better than if they had commenced treatment with cubebs or copaiba.

### TREATMENT OF TAPEWORM.

Dr. Schafhirt recommends, in the *Druggist's Circular*, the following preparation in tapeworm:—

| | | |
|---|---|---|
| R. | Bark of pomegranate root | ℥ss. |
| | Pumpkin seeds | ℥j. |
| | Ethereal extract of male fern | ℥j. |
| | Powdered ergot | ℥ss. |
| | Powdered gum arabic | ℥ij. |
| | Croton oil | gtt. ij. |

### FOR FLATUS.

The following pills are used in the Roosevelt Hospital, New York, for flatus in the bowels:—

| | | | |
|---|---|---|---|
| R. | Pulv. camphor, | | |
| | " capsicum, | | |
| | " ginger, | ää gr. j. | M. |

Divide into six pills.

S. One p. r. n.

They are said to afford immediate relief.

### PEPSIN IN THE TREATMENT OF DIPHTHERIA.

Dr. Doughly advises the following formula for softening and dissolving the false membranes of croup and diphtheria:—

| | | |
|---|---|---|
| R. | Pepsin, | 6 grammes. |
| | Dilute muriatic acid, | gtt v. |
| | Distilled water, | 100 grammes. |

To be used by inhalation.

### A SPEEDY CURE FOR BALANITIS.

A writer in the Boston *Medical and Surgical Journal* says, a few grains of tannin applied locally has cured many cases of chronic and severe balanitis. It is better than all the "mild astringent lotions" of Druitt and other surgeons, because it is more easily applied, always readily obtained, and in five cases out of six one application is sufficient, not only to afford relief, but to effect a permanent cure.

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### The Infertility of Genius.

A writer in the *American Bibliopolist*, referring to the only daughter of the eminent painter, Horace Vernet, remarks:—

The young lady here mentioned afterwards became the wife of Paul Delaroche, and died childless in 1845. If the union had been crowned with a son, the issue was to have perpetuated the two great artist names as Vernet-Delaroche. But, alas! from the time of Shakspeare, and earlier, such anticipated hereditary glories have been denied to the descendants of men of great genius. The *makers* or inventors rarely become founders of families.

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### Statistics of Birth.

According to Prof. Walker, Superintendent of the ninth census, the children who are born blind are about equally divided in respect to sex, but as boys grow older, the greater dangers to which they are exposed cause more of them to become blind than of girls at the same age. Men's blindness comes from accident; women's from abuse. At about sixty the dangers in both sexes grow less. There are more males born blind or deaf and dumb than females.

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### Tar Soaps.

These are excellent preparations for use in cutaneous affections, as well as for the general purpose of keeping the surface of the body clean, sweet and healthy. It is, however, no easy matter to combine the tar with the soap so as to make a homogenous compound. In Packard's Tar Soap, which we have been using lately, this is achieved as successfully as ever we saw it. The pine tree tar is mixed with a soda soap from pure olive oil, and it makes as soft and soothing a soap for toilet and therapeutic purposes as one would wish.

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### The Itch in India.

A correspondent of the London *Medical Times and Gazette* writes to that journal:—

One morning I saw, to my astonishment, a couple of fellows in one of the verandahs operating on a patient by rubbing his back with brickbats, just as a bathbrick is rubbed on a knife-board. This, I was informed, was intended to remove all superfluous cuticle, and pave the way for the

treatment of the itch, a malady which here is alike common and virulent. I have seen one medical functionary whose hands had become infected; and he was better off than his assistant, who was garnished with a chancre on each thumb. Amongst the poor classes, who neglect themselves and have no change of "cloth," such a malady as the itch may well be understood; but I confess I was astonished when one afternoon I happened to call on a learned professor who had a large class of young Brahmins before him, receiving instruction in Sanskrit. Nothing, not even amongst the Scotch, can come up to the acuteness and disputatiousness of these young men, who are for the most part sons of clerks and government officials, and are working with all their might to pass competitive examinations as steps to public appointments. To hear them discussing the nature of existence, and defending their own Brahminical idolatries, and then to be made aware that one must be cautious in touching their books, because so many have the itch, seems rather incongruous.

### The Transmission of Syphilis.

Dr. Adam Oewre, we learn from the *Centralblatt fur Medicinische Wisbenschaften*, denies that the semen of a syphilitic man can poison the organism of a woman. In one hundred cases of hereditary syphilis, ninety-six were clearly traceable to the mother, and the remaining four could not be traced. Of twenty-nine syphilitic fathers whom he had attended in private practice, having in all fifty-five children, not one transmitted the disease to his offspring.

## Correspondence.

### Ovarian Dysmenorrhœa.

Ed. Med. and Surg. Reporter:—

In your journal of April 4th, I observed, under the head of "Hospital Reports," by Prof. T. G. Thomas, something very unexpected from that distinguished author, on the subject of dysmenorrhœa, which deserves criticism. The variety of dysmenorrhœa spoken of in this report is ovarian. One or two cases are brought forward and disposed of very summarily, with the affirmation that *nothing can be more unsatisfactory than the charge of such cases, that practically no benefit can be hoped for from medicine;* and that they are to be left simply to eke out a miserable existence, taking merely placebos.

The management of this disease in its many phases is justly considered one of the opprobria of the profession; especially is this the case where the symptoms are not appreciated in its incipiency, and the chronic form of the affection is entailed upon the sufferer with its structural and then very intractable changes. It is a well attested fact that this type of the disease is almost invariably peculiar to the mother, rather than the virgin, and I asseverate, without fear of successful contradiction, that if taken in time, it is not only most curable, but even in its chronic state, is amenable to proper treatment. To conduct this and any other curable disease properly, all that is necessary is, the judicious administration of the old and tried remedies. I will as briefly as possible review the causes, symptoms, pathology and treatment. The parturient woman should always be considered an invalid, and should be watched over with scrupulous care, with the view of obviating the evil effects of cold upon her now impressible system. The uterus and its appendages are easily assailed by the atmospheric changes; frequently a momentary exposure to a cool draught is sufficient to overwhelm this vital centre with an afflux of blood. Although the differential diagnosis of peri-uterine cellulitis and peritonitis, as described by Prof. Thomas in his book, is made out with some difficulty by mere physical exploration, he teaches that cellulitis may be recognized as occurring after parturition. And it is also a fact, that this much talked of cellulitis is nothing but ovaritis, after all. And the great trouble consequent upon it, consisting of dysmenorrhœa and its usual accompaniment, sterility, can be dated from the parturient period. During the period of lactation the ovaries are comparatively in a dormant state, and even the constitutional disturbances arising from them in disease most frequently divert the attention to other remote parts. In truth, a general torpor is impressed upon all the organs presided over by the sympathetic nerve; there is, hence, perverted nervous action; the woman feels that she is not right, not absolutely disabled, but that there is an indisposition to do her whole duty; when all this obscurity would quickly disappear if remedial assistance should be rendered with the view of discussing an inflamed ovarian tumor, which is always discovered by the ordinary manual palpation; but she and her attendant ascribe her condition to the debility necessarily arising from her recent labor. It is not until menstruation is reëstablished (which is nothing but ovulation), that the true status of the woman becomes more apparent; undivided attention is now given, for the first time, to the arrest of the true cause of her disability; active treatment is usually instituted to relieve a chronic affection, probably of twelve months' standing, and it proves ineffectual. The medical adviser, thus baffled, soon flounders about, of course, *as nothing can be more unsatisfactory than, etc., and practically no relief is expected.* When the real pathology of this great bugbear, (which is rheumatic in its nature), is well understood, then will a treatment, based upon this hypothesis, be of great practical benefit, and very much may be hoped for.

The remedy that is peculiarly indicated in the

primary stages, is the tincture of guaiacum, possessing almost specific virtue. This medicine is highly alterative, its cathartic and diuretic properties will maintain the portal circulation up to a healthy standard, and not only is all the effete matter of the blood in a great measure eliminated through the great emunctories, the kidneys and intestines, but any obstruction of the vascular system, either congestive or inflammatory, is subsequently removed. This same remedy, although highly beneficial in the chronic stage, must be accompanied by the assiduous use of iodine and iodide potash, in the form of Lugol's solution, both internally and externally.

The application of tincture iodine as recommended will always exert a salutary influence, but by the persistent use of the Lugol's solution locally, we can more readily impress the constitution, and at the same time keep up constant counter-irritation.

I am confident that a faithful adoption of the above treatment will be crowned with success in almost every instance.

JAMES GUILD, JR., M. D.

*Tuscaloosa, Ala., April 21st*, 1874.

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### Cardiac Symptoms from Malaria.

ED. MED. AND SURG. REPORTER.

I was called in haste, on April 20th, 1874, at half-past six o'clock, A. M., to see Mrs. ——. Found her suffering from difficult breathing, cardiac palpitation, pulse rapid, and intermitting every third or fourth beat, often for a length of time sufficient for four beats. She said she had for some days suffered in this manner. Her face was livid, her countenance anxious. I ordered tincture digitalis, ten drops, every two hours; soda bromide, ten grains, every two hours, alternating. Upon examination I found some difficulty in diagnosing the condition of the heart.

At four o'clock, P. M., I found her quiet, but unable to lie down; pulse regular. Continued medicine every four hours.

April 21st, six o'clock, A. M. Summoned in haste, as she was said to be dying. I found all symptoms much aggravated from the morning before. This seemed to me to point toward intermittent. I discontinued the digitalis, and gave quinia sulph., ten grains, every four hours, alternating with the bromide.

April 22d, ten o'clock, A. M. Return of all symptoms, but lighter; quinia, five grains, every four hours.

April 23d, ten o'clock, A. M. Return very slight; omit quinia and bromide; ordered liq. arseniate potass., drops eight, fluid extract gelseminum, drops eight, three times a day, after eating.

April 25th. No return of heart symptoms. She has continued arsenic and gelseminum since, in smaller doses, with no return up to date, and she is able to do her usual labor. What was it, if not malaria? J. W. PHELPS, M. D.

*New Haven, Conn., May* 17, 1874.

### The Treatment of Diseases of the Respiratory Organs.

ED. MED. AND SURG. REPORTER:—

The recent change of treatment in pleuritis and pneumonitis is worthy of remark.

Dr. Brown's article on the benefit of sulphate of quinine in the treatment of puerperal peritonitis, vide REPORTER of 11th of April, leads me to the following reflections on the above subject, especially as it snows, blows, and freezes, up here, among the hills of Wayne county, this, the 29th day of April. This eccentric or variable condition of the elements in this latitude, which is so frequent, proves to be the exciting cause of numerous phlegmasia of the respiratory organs. Probably not one person in a hundred is perfectly exempt.

If a physician twenty years ago attempted to carry a patient through a course of pleurisy or pneumonia without the lancet and mercury, he was censured by most professional, if not by non-professional men. Even ten years since venesection and tart-antimony were orthodox, and with some compunctions of conscience we ventured to drop them and try a more expectant plan with ammonia, veratrum, Dover's powder, etc. During the last five years, however, learning that death, when it occurs in these diseases, was usually by asthenia, and not apnœa, a more rational and tonic treatment obtained, and with better results. It is safe to assert that the days of mercury, the lance, and I may add antimony, have passed, in this class of diseases, and that quinine and opium will more than supply their places, not only in these, but in the great majority of the disorders met with by the general practitioner. It is remarkable, in pleuritis and pneumonitis, how a few five-grain doses of sulphate of quinia, with an occasional opiate, will subdue the highest grade of inflammatory fever, dispelling the friction sound, the crepitant rale, the bronchial respiration, etc., and at the same time sustain the vital energies, equalize the circulation and the abnormal temperature.

It matters not whether the disease be sthenic or asthenic, the patient old or young, if we grade the doses accordingly. Much of the external treatment, or torture rather, can also be dispensed with, but still the oil silk jacket, dry cups, mustard, blisters, iodine, and in children the warm bath, are often indicated, likewise good sustaining liquid diet. I have had three cases, however, this spring, in which troublesome sequela have followed pleuro-pneumonia, but in each the quinine was not given only in small irregular doses, owing to unavoidable circumstances or mismanagement, viz., in one a lady of fifty-eight hydrothorax occurred. The effusion accumulated in the left pleural cavity, displacing the heart at least two and a half inches to the right, compressing the left lung as high as the third rib, and causing sudden death before the treatment thought best under consultation could be effectual. In another, of tubercular proclivities, it resulted in abscess of the left lung, and will soon terminate fatally;

and in a third case, a man of thirty-five years of age, on hand now, has been followed, before the lung trouble had quite cleared up, with excessive parotitis. It is uncertain how this case will terminate, as, notwithstanding free openings with the lance over the glands, the suppuration is pouring into each meatus auditorius externus, and the case looks desperate. Of course quinine and stimulants, with a good regimen is his only hope. I think it safe to assert that quinine should form the basis of treatment in all lung diseases of this climate; that however useful vegetable and mineral tonics and alteratives may be, they should occupy a subordinate place in the prescription. Even in phthisis, when it has gone so far as to cause hæmoptysis (the bronchorrhagia of Lemings) it does more for me than any other remedy. But it is bitter. My patients take it best mixed in a dessert spoon of cold sweetened coffee, or in the following pill:—

℞. Quinia sulph. gr. xx.
Acid sulph. arom. gtt. vij.
Glycerine, gtt. iij. M.

Ft. mas. et div. in pil. No. viij. Coat with pulv. glycyrrhiza. Give either one or two, as indicated, every four hours. If the stomach is irritable it is more efficient given per rectum, five or six grain doses, with ten drops tr. opii, mixed in an ounce or so of beef essence, and repeated every six or eight hours.

If any of your readers have an eligible and efficient formula let them "speak out," and they will receive the thanks of on-coming generations. G. B. Curtis, M. D.

*Hawley, Pa., April 29th*, 1874.

## News and Miscellany.

### International Medical Congress.

The organization of an International Medical Congress at Brussels, in 1875, is being carried out with great activity. The president is to be Dr. Vleminckx, president of the Academy of Medicine, who has already presided over other scientific congresses with tact and authority. The Belgian Government has promised its co-operation, but it belongs specially to the members of the medical profession to set their shoulders to the wheel, in order to make the scheme work.

### The Cholera.

A few cases occurred early in May, in Holland, in Rotterdam and Dortrecht. In Italy, since the end of February, the cholera has revived in the four provinces where it had already claimed a certain number of victims. These provinces are respectively Vernazza, Monterosso, Manarola, and Riomaggiore. The disease reappeared in consequence of great earthworks in connection with the railway, which brought together four thousand workmen, placed under the most deplorable sanitary conditions. It has been found necessary to disperse them by force, and to isolate the cholera patients and their families. The cholera has also made its appearance in Genoa and in different parts of Liguria. It has made its way from Vergatto to Porretta, and thus threatens to invade the centre of Italy. The disease has disappeared from Munich, although a case or two have been reported from Augsburg.

A private letter from Munich informs us that the immediate cause of the death of the great artist, Kaulbach, was an over indulgence at table.

### Trichinous American Bacon.

The Medical Bureau of the Government of the City of Hamburg, has published its report for 1872. Among other things, it states that the prohibition of adulteration, and the severe penalties made against it by the German penal code, proved of much service in enabling the authorities to confiscate adulterated or improper articles of food, and several cases occurred in which large quantities of American bacon were destroyed on being found affected by trichinæ. The Hamburgers are evidently too wide awake to be caught by such Yankee *tricks*.

### Another Wonder Cure.

The Hampton, Ia., *Recorder* tells this:—Mary McCarron, residing in Geneva Township, has been confined to her bed with spinal disease for eight years. Her friends recently sent for some of the water from the Lady of Lairdes, well, in France. It came, and an application of it was made, and in twenty-four hours she could walk as well as ever.

### The Inundated District.

Dr. Cheairs, of Arkansas, writes us, May 14, that in the overflowed lands along the Mississippi, "the stench is almost beyond endurance. Dead mules, cows, hogs, sheep, wild game of our forests, all seem to have suffered a like fate. A reasonable estimate, I think, would be to say that 200,000 people are now dependent upon the government for food."

### Items.

—A woman at Bolton, England, was bitten by a cat, and shortly afterwards symptoms of hydrophobia showed themselves, resulting in death.

—The seventh annual meeting of the Canadian Medical Association will be held at Niagara Falls, on Wednesday, August 1st, 1874.

—About this time we may expect to see numerous cures for hydrophobia in the secular press.

—A young doctor, in a Virginia town, has the repellant name of "Hugnot."

—A minister at Colquitt, Ga., recently christened his thirty-second child.

—Ten per cent. of the births in the city of Hamburg are illegitimate.

## QUERIES AND REPLIES.

### Alcoholism vs. Cerebro-Spinal Meningitis.

A medical gentleman, of extensive experience in the treatment of cerebro-spinal meningitis, states that he has never seen an instance of the disease in a confirmed drunkard, and inquires whether the experience of others tallies with this?

### Ayer's Cherry Pectoral.

*Dr. M. R., of Miss.*—The formula for this, as given by Dr. James C. Ayer, is as follows:—

| | | | |
|---|---|---|---|
| R | Morph. acetat., | grs. iij | |
| | Tinct. sang. canad., | dr. ij | |
| | Vin. ant. et pot. tart., | | |
| | Vin. ipecac, | aa dr. iij | |
| | Syr. prun. virgin., | oz. iij | M. |

*Only*, Dr. Ayer claims to prepare his pectoral from the alkaloids of the sanguinaria and ipecac, and uses hydrocyanic acid instead of the wild cherry. Substantially he says his preparation is that given above; and *it* makes a good expectorant.

*Drs. F. R., of N. J., and T. W. S., of Pa.*—Address Dr. J. T. Woods, Toledo, Ohio, for information.

*Dr. W. E., of Ohio.*—Address Messrs. Queen & Co., 924 Chestnut street, Philadelphia.

*Dr. W. D., of Ala.*—(See REPORTER, cur. vol. p. 416). Dr. Clemens applies the induced current by passing the pole both into the urethra and vagina, some cases requiring the one, some the other proceeding.

## OBITUARY.

### JOSEPH KNIGHT CAREY, M. D.

At his residence, in Apple River, Ill., on Sunday morning, May 10th, of debility, resulting from hemorrhage of the bowels, Joseph Knight Carey, M. D.

Dr. Carey was born at Mount Prospect, near Newport, County Tipperary, Ireland, in the year 1821, and was, at the time of his death, in the 53d year of his age. He was descended from one of Ireland's oldest families, being a nephew of Lord Portarlington, on his father's side, and also related to the Earl of Failkland. He was graduated first at the College of Pharmacy, Dublin; and subsequently at the University of Edinburgh.

He was married at an early age to Miss Letitia Lloyd, daughter of Capt. Lloyd, of the Royal Irish Dragoons, by whom he had one son, now Thomas Lloyd Carey, M. D., of Lena, Ill. Mrs. Carey dying immediately after the birth of her son, the Doctor in course of time married Mrs. Sophia Watson, by whom he also had one son, Dr. Charles H. Carey, of Apple River.

Dr. Carey came to America about 26 years ago, and settled in St. Louis, but on account of its unhealthy climate removed from that city to the vicinity of Apple River.

### DR. JOHN H. GRISCOM.

This prominent physician and philanthropist died suddenly in New York City, April 28th. He was born August 14, 1809, in that city, and was the son of John Griscom, LL. D., who was well known years ago as Professor of Chemistry in Rutgers Medical College, New Jersey. Dr. Griscom studied medicine with Prof. J. D. Goodman and Valentine Mott, at Rutgers Medical College, but was graduated from the University of Pennsylvania in 1832. The following year he was appointed Assistant Physician of the New York Dispensary, of which he became Physician in 1834. From 1836 to 1840 he was Professor of Chemistry in the New York College of Pharmacy, and in 1842 he was appointed City Inspector, which position he held one year, when he became Visiting Physician of New York Hospital, in which service he continued until a few years since. From 1848 to 1851 he was General Agent of the Commissioners of Emigration. Dr. Griscom was the author of a large number of medical books and essays, the most prominent of which were the following: "Animal Mechanism and Physiology," "The Sanitary Condition of the Laboring Classes of New York," and "The Uses and Abuses of Air and the Means of the Ventilation of Buildings." He was a strict adherent of the Society of Friends.

### DR. R. M. COOPER

Died at his residence, South and Cooper streets, Camden, May 24, aged about 60 years. Deceased had been all his life a resident of Camden, and one of its most prominent and highly esteemed citizens. He was a skilled and very successful physician, enjoying a large practice. He possessed a large amount of valuable real estate in Camden, but practiced as a physician merely out of love of the profession, and his attendance on those in destitute circumstances was usually without charge. The doctor had been in feeble health for some time. At the time of his death he was President of the Camden County Medical Society, and has been for several years.

## MARRIAGES.

CALKINS—RANKIN.—In the Presbyterian church of Muncy, Pa., on the 13th ult., by the Rev. Horatio W. Brown, of Williamsport, assisted by the Rev. S. T. Thompson, of Muncy, and the Rev. William E. Parson, of Washington, D. C., the Rev. Lyman Darrow Calkins, pastor of Park street church, West Springfield, Mass., and Mary Hepburn, eldest daughter of William M. Rankin, M. D., of Muncy.

CHURCH—BARKER.—On the 14th of April, 1874, at the Cathedral (Episcopal), Barbados, West Indies, by the Rev. Thomas Bowen, William F. Church, M. D., of Philadelphia, and Charlotte Helen, only daughter of the late John Barker, M. D., and niece of John Rogers, M. D., all of Barbados

RAMSEY—BREESE.—By Rev. G. W. Fisher, February 26th, in the Presbyterian Church, Carlyle, Ill., Dr. Elam S. Ramsey and Miss Alida Breese.

## DEATHS.

COOPER.—At Camden, New Jersey, on the 24th ult., Richard M. Cooper, M. D.

GAILLARD.—In Louisville, Ky., May 10, Gustavus Woodson Smith, youngest son of Dr. E. S. and Mary E. Gaillard.

MORRILL.—At Concord, N. H., May 9, Dr. Alpheus Morrill, formerly of Columbus O., aged 66.

PUGH.—At Catlettsburg, Ky., on Saturday, May 9, Dr. William Pugh, aged 74 years. Born in Haverford, West Wales, England.